## MULTIPLE D NDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/540515

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT				AS FILED		AFTER I AMENDMENT		AFTER 2 MAMENDMENT	
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TOTAL CLAIMS	18							TOTAL CLAIMS						